

10-20760

STATE OF WYOMING
Worker's Safety and Compensation
1510 East Pershing Blvd.
Cheyenne, Wyoming 82002
307-777-7441

FILED IN THE
US BANKRUPTCY COURT
DISTRICT OF WYOMING

2010 JUL 29 AM 11:30

Warrant Nbr :AD000000009144951
Warrant Date :07/15/2010
Case Nbr :201002850
Amount : 882.60
Page :1

STATEMENT OF PAYMENT

JOSEPH R LICHTER
PO BOX 5137
ETNA WY 83118

Last check recieved by
Workers Compensation

STATE WARRANT ENCLOSED

Type of Payment	Case Name	Date of Service From Thru	Amount Paid
Temporary	LICHTER JOSEPH R	07/01/2010 07/11/2010	882.60

If any of your personal information has changed, please complete the bottom portion, detach and return with the correct information by the 20th of the month.

PLEASE PRINT OR TYPE

Case Nbr 201002850

Name _____ SSN _____

Street _____ Phone _____

City _____

State and Zip _____

Wyoming Workers' Safety & Compensation Division

Cheyenne Business Center
1510 East Pershing Boulevard
Cheyenne, Wyoming 82002
307-777-7441

FILED IN THE
US BANKRUPTCY COURT
DISTRICT OF WYOMING
2010 JUL 29 AM 11:31

March 25, 2010

JOSEPH LICHTER
PO BOX 5137
ETNA WY 83118

CASE NO 201002850

Dear Mr. LICHTER:

FINAL DETERMINATION ON TEMPORARY TOTAL DISABILITY AND RATE OF PAY

The Workers' Compensation Division has reviewed and approved your Application for Temporary Disability benefits. Your actual monthly earnings have been determined to be \$3553.33. This information has been verified with your employer.

Your Temporary Total Disability will be paid at the monthly rate of \$2369.01. W.S.27-14-403. You will only be paid for the days lost from work if certified by your Health Care Provider.

If medical care is received ENTIRELY in the state of Wyoming and your injury date is after July 1, 1998, an incentive amount will be added to the above Temporary Total Disability monthly rate. Once you leave Wyoming for medical care the additional incentive will cease without notification.

NOTE: If you are returning to work of any type, please notify your claims analyst immediately.

Either the claimant or the employer may object to this determination and request a hearing. Affected parties have a right to a hearing before a hearing examiner as provided by the Wyoming Workers' Compensation Act and to legal representation. The Division must receive a written request for a hearing on or before April 09, 2010. If a timely written request for hearing is not filed with the Division, the final determination by the Division pursuant to W.S.27-14-601(k) shall not be subject to further administrative or judicial review.

If you have an attorney representing you, it is your obligation to see that the attorney gets a copy of this letter.

Case Name :JOSEPH LICHTER
Case Number:201002850
Date :March 25, 2010
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If there are any questions, please contact MARIBETH SHAW at
(307)777-5146.

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